



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

AUG - 5 2003

Mr. Brian Keogh  
Quality Assurance Supervisor  
LeMaitre Vascular, Incorporated  
26 Ray Avenue  
Burlington, Massachusetts 01803

Re: K031282

Trade/Device Name: OptiLock Implantable Port  
Regulation Number: 880.5965  
Regulation Name: Subcutaneous Implanted, Intravascular Infusion Port and Catheter  
Regulatory Class: II  
Product Code: LJT  
Dated: April 18, 2003  
Received: April 22, 2003

Dear Mr. Keogh

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4618. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.htm>

Sincerely your,

A handwritten signature in black ink, appearing to read "Susan Runner". The signature is fluid and cursive, with the first name "Susan" and last name "Runner" clearly distinguishable.

Susan Runner, DDS, MA  
Interim Director  
Division of Anesthesiology, General Hospital,  
Infection Control and Dental Devices  
Office of Device Evaluation  
Center of Devices and  
Radiological Health

Enclosure



Indication Statement:

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510(k) Number (if known): K031282

Device Name: OptiLock Implantable Port

**Indications For Use:**

The OptiLock Implantable Port is designed for patients who require repeated long-term access to the vascular system for intravascular injection or continuous infusion of fluids, medications, antibiotics, nutritional, and the withdrawal of blood samples.

\_\_\_\_\_  
(Division Sign-Off)  
Division of Anesthesiology, General Hospital,  
Infection Control, Dental Devices

510(k) Number: \_\_\_\_\_

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF  
NEEDED)

\_\_\_\_\_  
Concurrence of CDRH, Office of Device Evaluation (ODE)

(Optional Format 3-10-88)

*Patricia Cucente*  
(Division Sign-Off)  
Division of Anesthesiology, General Hospital,  
Infection Control, Dental Devices

510(k) Number: ~~K031283~~  
K031282